

Fill in this information to identify the case:

Debtor Name Kevin S. For

United States Bankruptcy Court for the: Western District of Pennsylvania  
(State)

Case number: No. 19-70130

Official Form 426

**Periodic Report Regarding Value, Operations, and Profitability of Entities  
in Which the Debtor's Estate Holds a Substantial or Controlling Interest**

12/17

This is the *Periodic Report* as of 7-16-2019 on the value, operations, and profitability of those entities in which a Debtor holds, or two or more Debtors collectively hold, a substantial or controlling interest (a "Controlled Non-Debtor Entity"), as required by Bankruptcy Rule 2015.3. For purposes of this form, "Debtor" shall include the estate of such Debtor.

[Name of Debtor] holds a substantial or controlling interest in the following entities:

Name of Controlled Non-Debtor Entity	Interest of the Debtor	Tab #

This *Periodic Report* contains separate reports (*Entity Reports*) on the value, operations, and profitability of each Controlled Non-Debtor Entity.

Each *Entity Report* consists of five exhibits.

*Exhibit A* contains the most recently available: balance sheet, statement of income (*loss*), statement of cash flows, and a statement of changes in shareholders' or partners' equity (*deficit*) for the period covered by the *Entity Report*, along with summarized footnotes.

*Exhibit B* describes the Controlled Non-Debtor Entity's business operations.

*Exhibit C* describes claims between the Controlled Non-Debtor Entity and any other Controlled Non-Debtor Entity.

*Exhibit D* describes how federal, state or local taxes, and any tax attributes, refunds, or other benefits, have been allocated between or among the Controlled Non-Debtor Entity and any Debtor or any other Controlled Non-Debtor Entity and includes a copy of each tax sharing or tax allocation agreement to which the Controlled Non-Debtor Entity is a party with any other Controlled Non-Debtor Entity.

*Exhibit E* describes any payment, by the Controlled Non-Debtor Entity, of any claims, administrative expenses or professional fees that have been or could be asserted against any Debtor, or the incurrence of any obligation to make such payments, together with the reason for the entity's payment thereof or incurrence of any obligation with respect thereto.

This *Periodic Report* must be signed by a representative of the trustee or debtor in possession.

Debtor Name

Kevin S. Foor

Case number

19-70130

The undersigned, having reviewed the *Entity Reports* for each Controlled Non-Debtor Entity, and being familiar with the Debtor's financial affairs, verifies under the penalty of perjury that to the best of his or her knowledge, (i) this *Periodic Report* and the attached *Entity Reports* are complete, accurate, and truthful to the best of his or her knowledge, and (ii) the Debtor did not cause the creation of any entity with actual deliberate intent to evade the requirements of Bankruptcy Rule 2015.3

For non-individual Debtors:

X

Signature of Authorized Individual

Printed name of Authorized Individual

Date

MM / DD / YYYY

For Individual Debtors:

X

Signature of Debtor 1

Kevin S. Foor

Printed name of Debtor 1

Date 07/16/2019

MM / DD / YYYY

X

Signature of Debtor 2

Printed name of Debtor 2

Date

MM / DD / YYYY

Debtor Name Kevin S. Fear

Case number \_\_\_\_\_

**Exhibit A: Financial Statements for [Name of Controlled Non-Debtor Entity]**

*n/a*

Debtor Name \_\_\_\_\_

Case number \_\_\_\_\_

**Exhibit A-1: Balance Sheet for [Name of Controlled Non-Debtor Entity] as of [date]**

[Provide a balance sheet dated as of the end of the most recent 3-month period of the current fiscal year and as of the end of the preceding fiscal year.]

Describe the source of this information.]

*Attached is my D.F.P. account - bank statement.*

Debtor Name

Kevin S. Foor

Case number

**Exhibit A-2: Statement of Income (Loss) for [Name of Controlled Non-Debtor Entity] for period ending [date]**

[Provide a statement of income (loss) for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

I have no income from Saxton Station Pharmacy.  
I am employed by Medicine Shoppe Pharmacy  
I attached last 3 pay stubs.

Debtor Name

Kevin S. Four

Case number

**Exhibit A-3: Statement of Cash Flows for [Name of Controlled Non-Debtor Entity] for period ending [date]**

[Provide a statement of changes in cash position for the following periods:

(i) For the initial report:

a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and

b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

nta

Debtor Name

Kevin S. Four

Case number

**Exhibit A-4: Statement of Changes in Shareholders'/Partners' Equity (Deficit) for [Name of Controlled Non-Debtor Entity]**  
for period ending [date]

[Provide a statement of changes in shareholders'/partners equity (deficit) for the following periods:

(i) For the initial report:

a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and

b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

na

Debtor Name

Kevin S. Fear

Case number

**Exhibit B: Description of Operations for [Name of Controlled Non-Debtor Entity]**

[Describe the nature and extent of the Debtor's interest in the Controlled Non-Debtor Entity.

Describe the business conducted and intended to be conducted by the Controlled Non-Debtor Entity, focusing on the entity's dominant business segments.

Describe the source of this information.]

Ala

Debtor Name

Kevin S. Foor

Case number

**Exhibit C: Description of Intercompany Claims**

[List and describe the Controlled Non-Debtor Entity's claims against any other Controlled Non-Debtor Entity, together with the basis for such claims and whether each claim is contingent, unliquidated or disputed.]

Describe the source of this information.]

nlw

Debtor Name Kevin S. Foor

Case number \_\_\_\_\_

**Exhibit D: Allocation of Tax Liabilities and Assets**

[Describe how income, losses, tax payments, tax refunds, or other tax attributes relating to federal, state, or local taxes have been allocated between or among the Controlled Non-Debtor Entity and one or more other Controlled Non-Debtor Entities.

Include a copy of each tax sharing or tax allocation agreement to which the entity is a party with any other Controlled Non-Debtor Entity.

Describe the source of this information.]

My 2018 taxes are still being processed  
by my accountant.

Debtor Name

Kevin S. Foor

Case number

**Exhibit E: Description of Controlled Non-Debtor Entity's payments of Administrative Expenses, or Professional Fees otherwise payable by a Debtor**

[Describe any payment made, or obligations incurred (or claims purchased), by the Controlled Non-Debtor Entity in connection with any claims, administrative expenses, or professional fees that have been or could be asserted against any Debtor.

Describe the source of this information.]

n/a

DIP Account

# Account Activity




Business Checking \*\*\*\*\*3126

Balances as of 7/17/2019

## Pending Transactions

Date	Description	Category	Check	Deposits	Withdrawals
7/17/2019	PROCESSING: 0246 ATM WTD FIRST NAT BANK EVERETTE PA PA900052 000246 -6011	UNCATEGORIZED			(\$60.00)
7/17/2019	PROCESSING: DISCOVER PHONE PAY 1089	UNCATEGORIZED			(\$146.00)

## Transactions

Date	Description	Category	Check	Deposits	Withdrawals	Balance
7/12/2019	Check	UNCATEGORIZED	 0000000001		(\$1,247.50)	\$2,634.57
7/12/2019	Manual Miscellaneous Debit	UNCATEGORIZED			(\$900.00)	\$3,882.07
7/12/2019	39000 CL CRESSLE DIR DEP 919	UNCATEGORIZED		\$3,331.30		\$4,782.07
7/9/2019	Check	UNCATEGORIZED	 0000000068		(\$354.46)	\$1,450.77
7/9/2019	Check	UNCATEGORIZED	 0000000001		(\$632.80)	\$1,805.23
7/8/2019	DISCOVER PHONE PAY 1709	UNCATEGORIZED			(\$200.00)	\$2,438.03
7/1/2019	Memo Credit Transaction	UNCATEGORIZED		\$2,500.00		\$2,638.03
6/26/2019	Deposit	UNCATEGORIZED		\$138.03		\$138.03

Older Transactions

Newer Transactions

CL Cressler Inc  
PO Box 1219  
Mechanicsburg, PA 17055

Direct Deposit Advice



Check Date  
May 17, 2019

Voucher Number  
14577

Direct Deposits	Type	Account	Amount
First National Bank	C	***6600	3,331.30
<b>Total Direct Deposits</b>			<b>3,331.30</b>

39000 1284-10 919 14577 12821  
**Kevin Scott Foor**  
907 Frame Church Road  
Everett, PA 15537

39000

**Non Negotiable - This is not a check - Non Negotiable**

**CL Cressler Inc**

**Kevin Scott Foor**

Employee ID **919** Fed Taxable Income  
Location **1284-10** Fed Filing Status  
Salary **\$4,800.00** State Filing Status

**4,592.39** Check Date **May 17, 2019**  
**S-4** Period Beginning **April 29, 2019**  
**S-0** Period Ending **May 12, 2019**

**Earnings Statement**

Voucher Number **14577**  
Net Pay **3,331.30**

Earnings	Rate	Hours	Amount	YTD
ER HEALT		0.00	455.29	1,821.16
GROUP TE		0.00	3.46	13.84
PHARMEX				556.80
PTO-PHAR				181.52
REGULAR	58.67	81.82	4,800.00	19,018.48
<b>Gross Earnings</b>		<b>81.82</b>	<b>4,803.46</b>	<b>19,770.64</b>

Taxes	Amount	YTD
FITW	687.13	2,882.15
MED	66.59	274.43
PA	140.88	580.61
PA-310103	73.42	302.59
PA-HUN9	2.00	8.00
PASUI-E	2.88	11.85
SS	284.73	1,173.44
<b>Taxes</b>	<b>1,257.63</b>	<b>5,233.07</b>

Deductions	Amount	YTD
GROUP TERM LIFE - FLAT AM	3.46	13.84
S125 DENTAL	14.27	57.08
S125 HEALTH	195.25	781.00
S125 VISION	1.55	6.20
<b>Deductions</b>	<b>214.53</b>	<b>858.12</b>

Direct Deposits	Type	Account	Amount
First National Bank Of Pennsylvania	C	***6600	3,331.30
<b>Total Direct Deposits</b>			<b>3,331.30</b>

Time Off	Used	Availabl
PTO	3.00	15.48

**CL Cressler Inc**  
PO Box 1219  
Mechanicsburg, PA 17055

Direct Deposit Advice



Check Date  
May 31, 2019

Voucher Number  
14852

Direct Deposits	Type	Account	Amount
First National Bank	C	***6600	3,331.31
<b>Total Direct Deposits</b>			<b>3,331.31</b>

39000 1284-10 919 14852 13066

39000

**Kevin Scott Foor**  
907 Frame Church Road  
Everett, PA 15537

**Non Negotiable - This is not a check - Non Negotiable**

**CL Cressler Inc**

**Kevin Scott Foor**

Employee ID **919** Fed Taxable Income **4,592.39** Check Date **May 31, 2019**  
Location **1284-10** Fed Filing Status **S-4** Period Beginning **May 13, 2019**  
Salary **\$4,800.00** State Filing Status **S-0** Period Ending **May 26, 2019**

**Earnings Statement**

Voucher Number **14852**  
Net Pay **3,331.31**

Earnings	Rate	Hours	Amount	YTD
ER HEALT		0.00	455.29	2,276.45
GROUP TE		0.00	3.46	17.30
PHARMEX				556.80
PTO-PHAR	58.31	9.50	553.94	735.46
REGULAR	58.31	72.82	4,246.06	23,264.54
<b>Gross Earnings</b>		<b>82.32</b>	<b>4,803.46</b>	<b>24,574.10</b>

Taxes	Amount	YTD
FITW	687.13	3,569.28
MED	66.59	341.02
PA	140.88	721.49
PA-310103	73.42	376.01
PA-HUN9	2.00	10.00
PASUI-E	2.88	14.73
SS	284.72	1,458.16
<b>Taxes</b>	<b>1,257.62</b>	<b>6,490.69</b>

Deductions	Amount	YTD
GROUP TERM LIFE - FLAT AM	3.46	17.30
S125 DENTAL	14.27	71.35
S125 HEALTH	195.25	976.25
S125 VISION	1.55	7.75
<b>Deductions</b>	<b>214.53</b>	<b>1,072.65</b>

Direct Deposits	Type	Account	Amount
First National Bank Of Pennsylvania	C	***6600	3,331.31
<b>Total Direct Deposits</b>			<b>3,331.31</b>

Time Off	Used	Availabl
PTO	12.50	10.60

Direct Deposit Advice



Check Date  
 July 12, 2019

Voucher Number  
 15675

39000 1284-10 919 15675 13799  
**Kevin Scott Foor**  
 907 Frame Church Road  
 Everett, PA 15537

39000

Direct Deposits	Type	Account	Amount
First National	C	***3126	3,331.30
Bank			
<b>Total Direct Deposits</b>			<b>3,331.30</b>

**Non Negotiable - This is not a check - Non Negotiable**

**CL Cressler Inc**

**Kevin Scott Foor**

Employee ID **919** Fed Taxable Income  
 Location **1284-10** Fed Filing Status  
 Salary **\$4,800.00** State Filing Status

**4,592.39** Check Date **July 12, 2019**  
 S-4 Period Beginning **June 24, 2019**  
 S-0 Period Ending **July 7, 2019**

**Earnings Statement**

Voucher Number **15675**  
 Net Pay **3,331.30**

Earnings	Rate	Hours	Amount	YTD
ER HEALT		0.00	455.29	3,642.32
GROUP TE		0.00	3.46	27.68
HOLIDAY-	58.79	8.00	470.30	942.92
PHARMEX				556.80
PTO-PHAR				735.46
REGULAR	58.79	73.65	4,329.70	36,721.62
<b>Gross Earnings</b>		<b>81.65</b>	<b>4,803.46</b>	<b>38,984.48</b>

Taxes	Amount	YTD
FITW	687.13	5,630.67
MED	66.59	540.79
PA	140.88	1,144.13
PA-310103	73.42	596.27
PA-HUN9	2.00	16.00
PASUI-E	2.88	23.37
SS	284.73	2,312.35
<b>Taxes</b>	<b>1,257.63</b>	<b>10,263.58</b>

Deductions	Amount	YTD
GROUP TERM LIFE - FLAT AM	3.46	27.68
S125 DENTAL	14.27	114.16
S125 HEALTH	195.25	1,562.00
S125 VISION	1.55	12.40
<b>Deductions</b>	<b>214.53</b>	<b>1,716.24</b>

Direct Deposits	Type	Account	Amount
First National	C	***3126	3,331.30
Bank Of			
Pennsylvania			
<b>Total Direct Deposits</b>			<b>3,331.30</b>

Time Off	Used	Availabl
PTO	12.50	24.46